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PTO/SB/01 (2-07)

Approved for use through 3/30/06. GPO 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration
Submitted OR
with Initial
Filing

Declaration
Submitted after
Initial Filing

Attorney Docket Number	16202.590
First Named Inventor	Hilger
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole Inventor (if only one name is listed below) or an original, first and joint Inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FILLER DEVICE

The specification of which
 is attached hereto
 OR
 was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 35 Code of Federal Regulations, 5 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code 5119 (a)-(d) or 5 365(b) of any foreign application(s) for patent or inventor's certificate, or 5105 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES <input type="checkbox"/> NO <input type="checkbox"/>
200 06 755.9	Germany	04/12/00	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code 5 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/01 (2-07)

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, filed below and, to the extent the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number _____ → Place Customer Number Bar Code Label here.
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Thomas P. Liniak	33,415	Stuart D. Frenkel	29,500
Joseph W. Berenato, III	30,546	Jeffrey I. Auerbach	31,680
James R. Longacre	24,421	Matthew W. Stavish	36,286
John M. White	32,634	Matthew P. Johnston	41,086
		George Ayvazyan	37,483

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.
Direct all correspondence to: Customer Number or Bar Code Label _____ OR Correspondence address below

Name: Joseph W. Berenato, III
Address: Liniak, Berenato, Longacre & White, LLC
Address: 6550 Rock Spring Drive, Suite 240
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Country: USA State: MD ZIP: 20817
Telephone: (301)896-0600 Fax: (301)896-0607

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like are made are punishable by fine or imprisonment, or both, under Section 1021 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor	<input type="checkbox"/> A petition has been filed for this unsigned Inventor				
Given Name (first and middle if any)	Family Name or Surname				
Reinhard	Hilger				
Inventor's Signature	<i>X. Hilger</i>				
Residence City	Kerpen	State	Country	Germany	Date 12.04.01
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City	Kerpen	State	ZIP	D-50169	Country Germany

Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

[Page 2 of 2]

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)		Family Name or Surname					
Ralf		Malskorn					
Inventor's Signature	<i>X Ralf Malskorn</i>				Date	<i>18.04.01</i>	
Residence: City	Neuss	State		Country	Germany	Citizenship	
Post Office Address	Grillparzerweg 22						
Post Office Address							
City	Neuss	State		ZIP	D-4146	Country	Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)		Family Name or Surname					
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)		Family Name or Surname					
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
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